

years ago, were looked on as incurable.—*British Medical Journal*, July 14, 1894.

II. The Surgical Treatment of Surgical Kidney. By Dr. R. F. WEIR (New York). The author reports the case of a man, twenty-five years of age, who, in the course of a gonorrhœal cystitis, developed a suppurative pyelonephritis with threatening general sepsis. Tenderness was most marked in the right loin, and an exploratory nephrotomy on that side was done. The kidney when exposed was found congested and swollen; and incision along its external border about its middle, an inch in length and an inch in depth, disclosed numerous miliary abscesses in the substance of the kidney. The kidney was then extirpated, it being assumed that it was possible that no extensive disease of the left kidney had yet developed. The result justified this assumption, for, after recovering from the shock of the operation, which was severe, the patient made an uninterrupted and rapid recovery, and three weeks later was discharged from the hospital with his urine nearly normal, though not absolutely free yet from pus-cells.

The author then inquires in how large a proportion of cases can such a fortunate limitation to one kidney of serious suppurative disease be expected to be met with; and answers it by showing that out of seventy-one well-defined undoubted acute cases of surgical kidney, the reports of which he had been able to collect from literature, one organ only had been affected in twelve cases,—that is to say, in about 20 per cent. of the total number. He concludes, therefore, that it is justifiable, if the patient's general condition shall warrant it, in a case of acute septic invasion of the kidneys to make on one or both sides an exploratory incision, not only in the hope of relieving the acute interstitial invasion, but also of perhaps encountering a larger and well-defined focus of pus, which pathological condition cannot always be readily discriminated from the more dangerous lesions of the veritable surgical kidney. Should the symptoms point to one kidney only, or should a double exploratory incision show the same

result, a nephrectomy may with some hope be resorted to.—*Medical Record*, September 15, 1894.

III. Cases of Excision of Considerable Portions of the Urinary Bladder. By Dr. R. F. WEIR (New York). The author relates three cases in which he has removed considerable portions of the urinary bladder for the extirpation of neoplasms of its wall. In the first case, a man fifty-nine years of age, the cystoscope had revealed a tumor on the posterior wall. The rectum was distended by a colpeurynter and suprapubic section was done, the patient being in the Trendelenburg position. A single tumor, the size of the distal phalanx of the thumb, was found on the upper part of the posterior wall, somewhat to the right of the median line. To effectually get beyond it, the peritoneum was stripped off from the summit and the posterior surface for a space reaching from one seminal vesicle to the other and down nearly to the prostate. In so doing, at one point a rent was made in the peritoneum, which was at once sewn up with silk sutures and caused no after inconvenience. A triangular portion of the posterior wall of the bladder, about two and a half inches on each of its sides, including the tumor, but going widely from its base, was finally removed. Proper suture of the lower angle of this incision was found impracticable, and so no attempt to close any portion of it was made, but the space between the bladder and the peritoneum was packed with iodoform gauze, and the bladder itself was filled with iodoform gauze packed around a rubber catheter passed to the bottom of the organ. The patient did well. His wound had very nearly closed, when he was attacked by erysipelas, which, after four days, terminated in death, seven weeks after the operation. At the autopsy it was seen that the suprapubic wound had very nearly healed, the gap in the posterior wall of the bladder had closed over by a smooth cicatricial surface.

The second case, a man fifty-five years of age, was the subject of a carcinoma of the summit of the bladder, which also involved the overlying soft parts in the suprapubic region, presenting superfi-